

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584012

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7	1					
8		1				
9		2				
10		1				
11		1				
12	1					
13	1					
14		1				
15		1				
16		3				
17		1				
18	1					
19		1				
20		1				
21		3				
22		1				
23		1				
24	1					
25		1				
26		2				
27		1				
28	1					
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30		2				
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49						
50						
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	35	←		←	←	
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓			
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						